Network 4
Vascular Access Initiative

April 2, 2015

2:00 PM

CMS Vascular Access Goal

- CMS AVF Goal > 68%
- CMS LTC Goal <10%

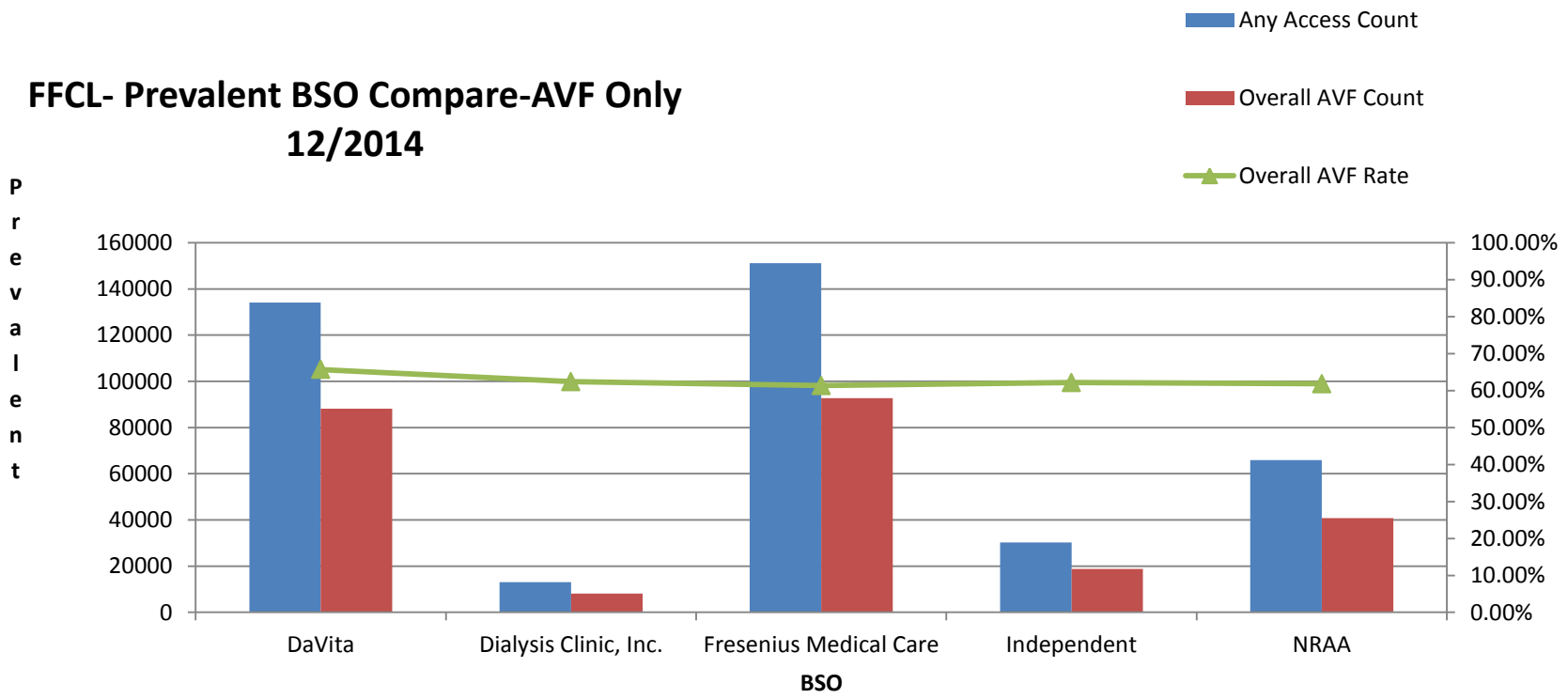
- CMS mandated targeted intervention group:
  - Facilities with LTC >10%
  - Facilities with AVF < 68%

Prevalent Patient Rate by Affiliation

	DVA	DCI	FMC	Independent	NRAA	Network 4
Prevalent Patient	5874	1072	7021	1067	1820	16,854
AVF Rate	66.45%	65.48%	62.54%	60.46%	56.99%	63.30%
LTC Rate	9.81%	14.17%	9.80%	11.89%	17.27%	11.06%
# LTC	537	151	674	120	314	1796
# AVF Maturing	445	42	296	28	103	914

Data source: Sept 2014 CROWNWEB Report

Data Analysis



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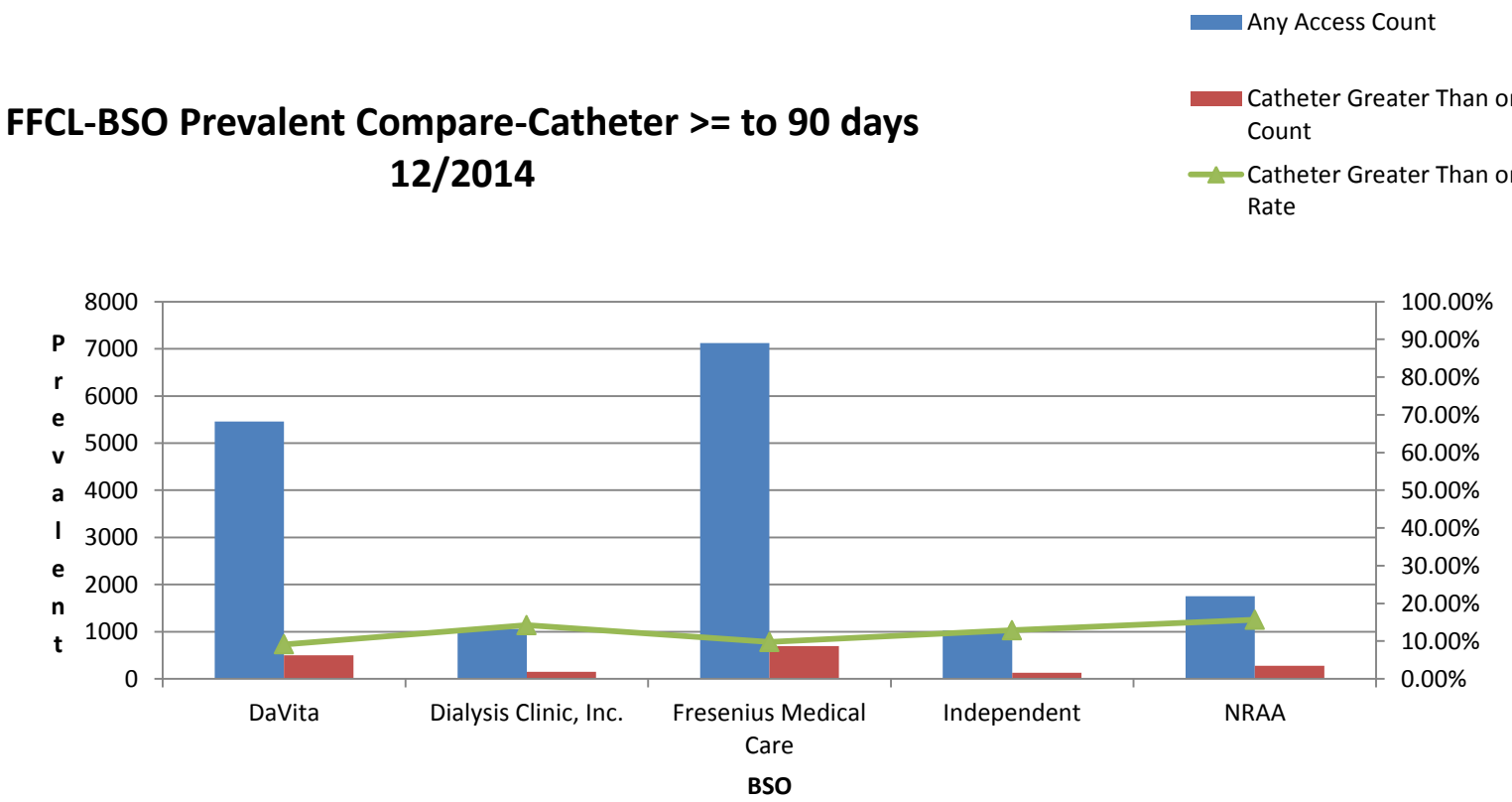
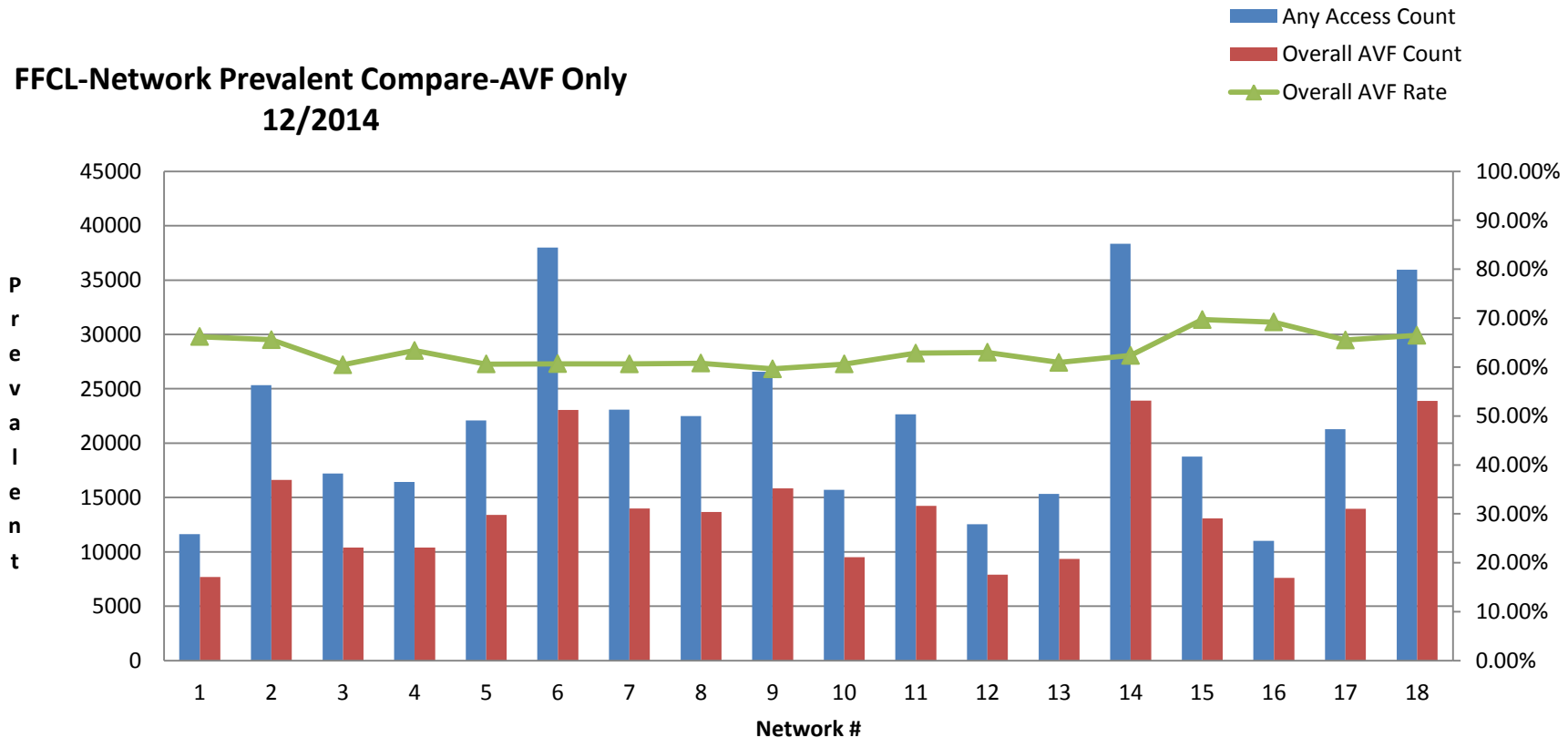


18 Network Comparison



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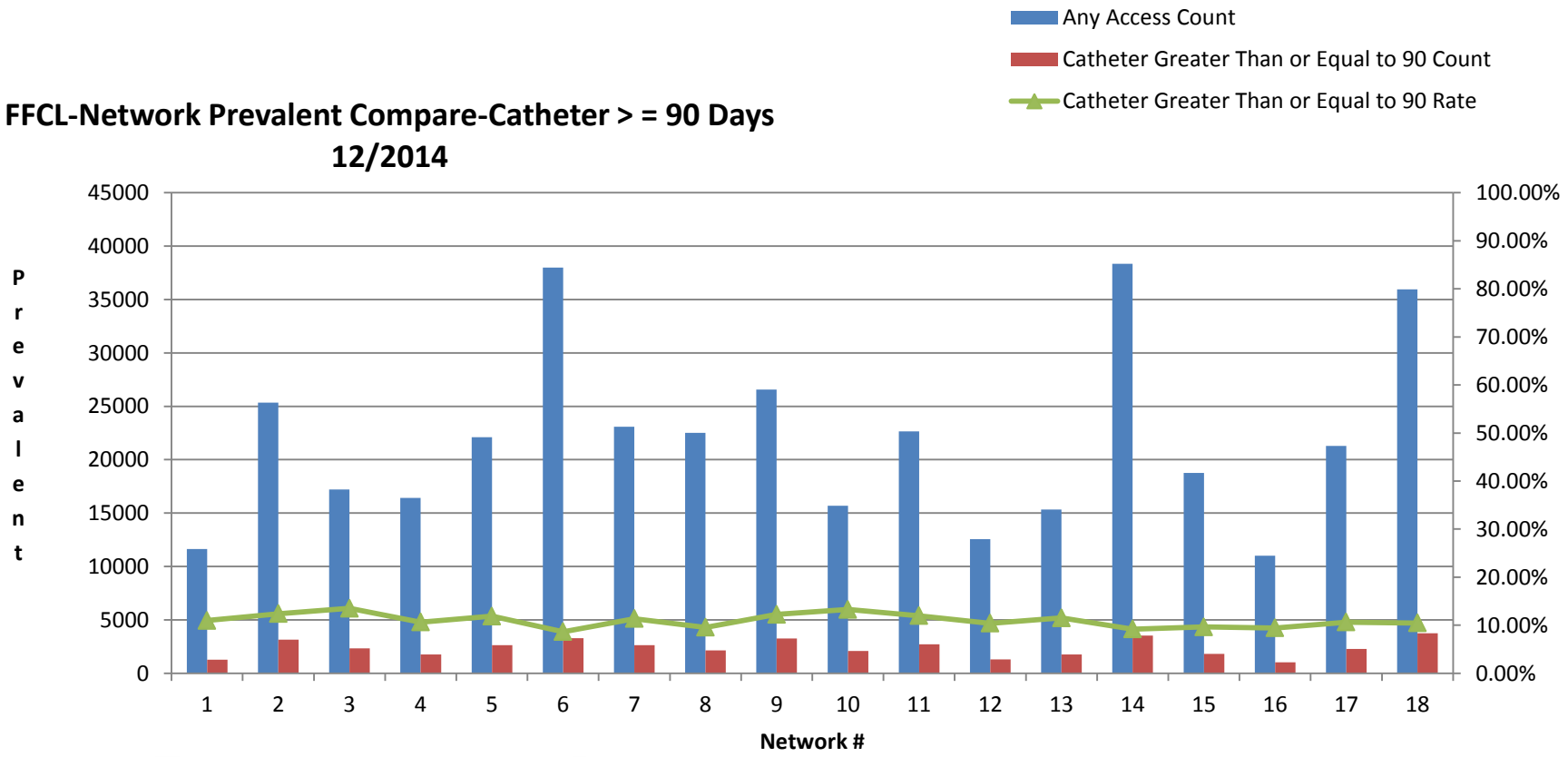
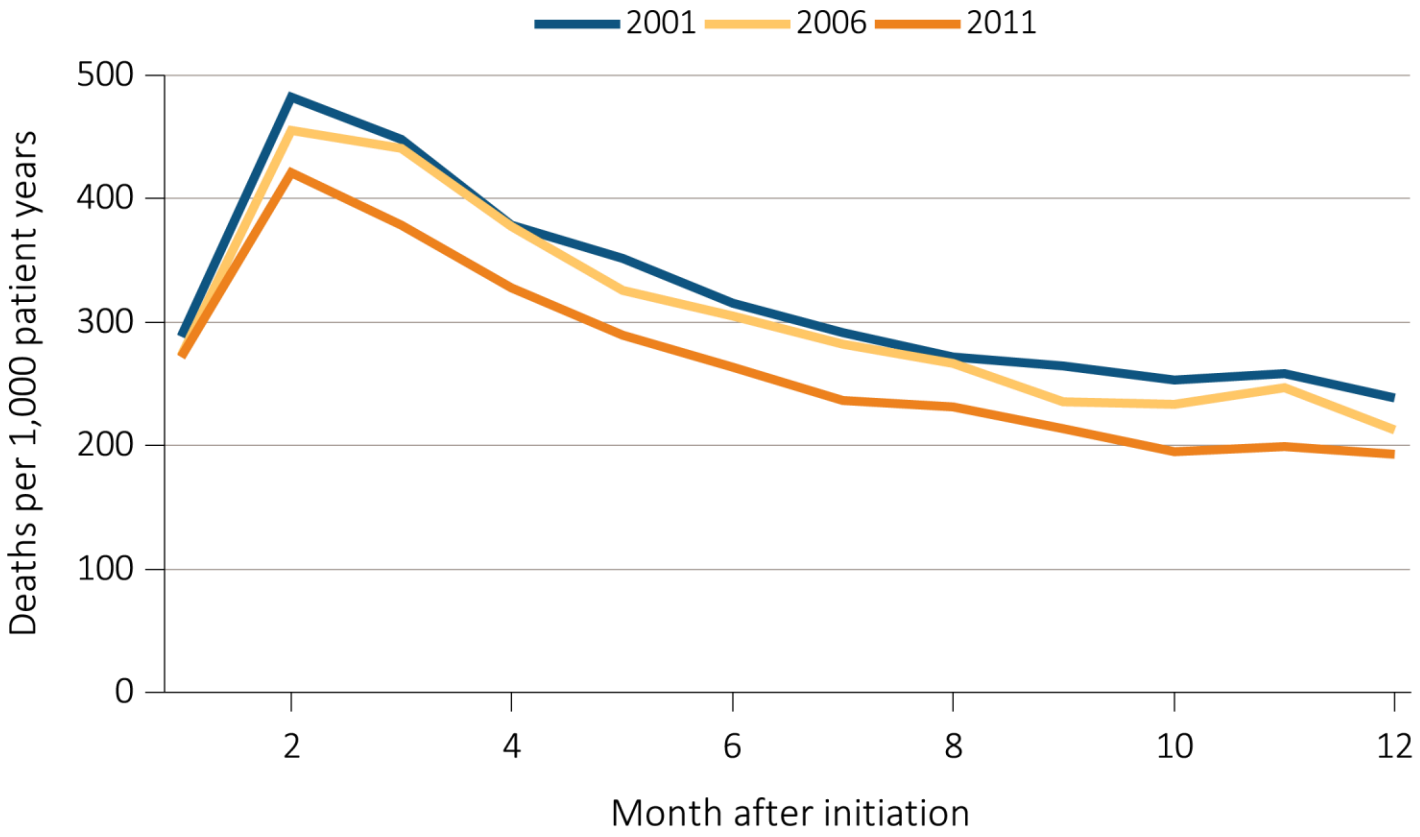


Vol. 2 Figure 5.3 Adjusted mortality in the first year of hemodialysis, by year of initiation of dialysis
(a) All-cause mortality



Data Source: Special analyses, USRDS ESRD Database. Adjusted (age, race, sex, ethnicity, and primary diagnosis) all-cause and cause-specific mortality in the first year of hemodialysis. Ref: incident hemodialysis patients, 2011.

Vascular Access

2015

Quality Improvement Project Plan

Facility Selection Criteria

LTC >10%

(as of Sept 2014)

Quality Improvement Project

- Start Date: on going
- Targeted Due Date: September 30, 2015
  - For improvement goal
- Primary Focus LTC removal
- LTC Goal
  - Goal: 2% reduction for Facility with <20% LTC
  - Goal: 5% reduction for those facility with ≥ 20% LTC

Process

- Triple AIM Approach
    1. Leaderships
    2. Facility Staff Members
    3. Patients/Families

Process

- Leaders: RODs/MDs
  - Primary Role
    - Sponsors
    - Partner with facilities to remove identified barriers
      - i.e. financial, corporate policy, collaborations, capacity, systems barriers

Process

- Facility: Educators, FA, Facility staff members
  - Role / Responsibilities:
    - Form Facility Vascular Access Quality Improvement Team (suggestion: ROD, MD, FA, Educator, SW, RN, PCT, AA, Patient Rep)
    - Identify a Facility Champion
    - Identify root causes/barriers
    - Share results with sponsor
    - Develop and carry out plan to remove barriers
    - Educators will be the main contact for the Network

Process

- Additional Role for the Educators
  - Ensure root cause (Pareto list) is submitted to the Network
  - Ensure the Quality Improvement Plan is submitted initially and as needed to the Network
  - Ensure Quality Improvement plan is meeting goal(s) and if not, lead the facility QI team to adjust intervention(s)
  - Lead meetings with your facilities at least once a month or more to provide guidance to meet goal(s)
  - Primary Participant in Network calls reporting on your facilities

Process

- Facility first meeting with your QI team:
- Root Cause Analysis (RCA) of **barriers** preventing achievement of CMS goal LTC <10
  - Complete RCA
  - Pick 2 Root Causes
  - Come up with a Plan
  - Submitted the RCA & Plan to NW4 by May 1, 2015

Process

- Facility First Meeting with your QI team:
- Root Cause Analysis of **barriers** preventing achievement of CMS goal AVF > 68%
  - Complete RCA
  - Pick 2 Root Causes
  - Come up with a Plan
  - Submitted the RCA & Plan to NW4 by May 1, 2015

Note: those facilities with >= 68% AVF will not be required to conduct a RCA for AVF

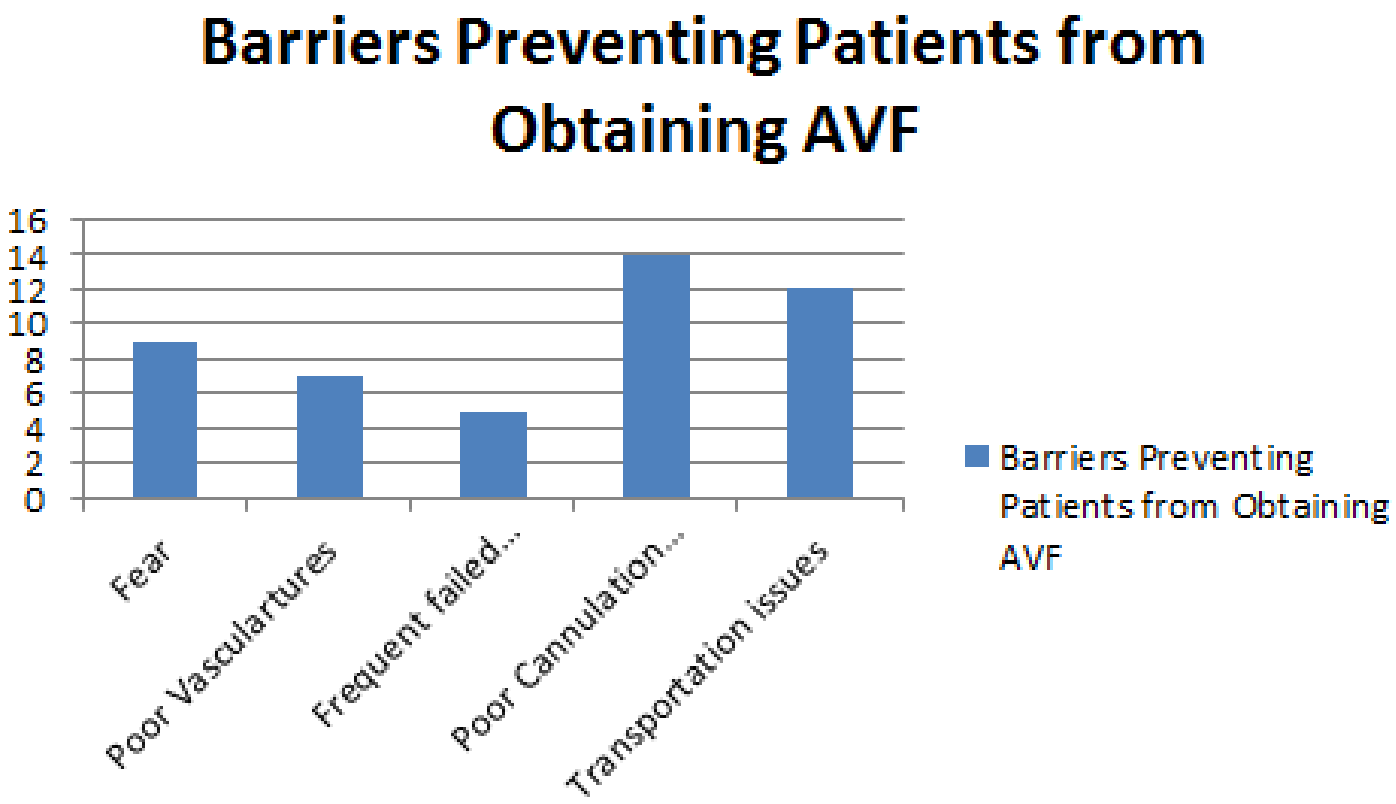
Process

- Each facility will identify root causes as to why LTC rate is not < 10%
- Each facility will identify root causes as to why AVF rate is not >68% (if applicable)
- Select 2 primary root causes & development an improvement plan to follow
- Report the plan to your corporate leadership
- Corporate leadership is to assist facility in removing identified barriers

Root Cause Analysis Example

Barriers Preventing Patients from getting AVF	Rank (1-5, with 5 being the most important)	Total points:
Fear	2, 2, 5,	9
Poor Vasculatures	1, 4, 2	7
Frequent failed access	1, 3, 1	5
Poor Cannulation Technique	5, 5, 4	14
Transportation issues	3, 4, 5	12

Root Cause Analysis Example



Quality Improvement (QI) Plan

- Network will send template

Monthly Reporting Tool

- Network will send template

Process

- The Educator will lead monthly coaching call/meeting with the Facility VQI team or more as needed
- Independent facilities will have monthly calls with the Network or more as needed
- Each facility will validate data in CW **monthly**
- Network will provided a report of missing vascular access clinical data and facilities are to ensure that 100% of vascular access data are submitted in CROWNWEB accurately

Process

- Scheduled Calls: Educators will participate in Network calls where each group will present best demonstrated practices and/or success / barriers from the Quality Improvement Plan
- Independent Facilities, your designees, will join the call
  - July, August, September (date/time TBD)

Process

- June interim goal will be achieved or educators will be asked to present written update of the RCA and Quality Improvement Plan to the Network and present on the July call
- Network will notify CMS and DOH of facility participation in the vascular access improvement initiative and the facility's monthly progress

Process

- Facilities failing to meet final (September 2015) goal(s):
  - Educator will submit Updated RCA and Quality Improvement Plan
  - The Regional Director may be asked to report barriers to not achieving goals during the Medical Review Board (MRB) meeting in November
  - Network will report results to MRB, CMS and State Surveyors

Process

- Patient/Family Role
  - Include at least one patient and/or caregiver in your Quality Improvement team
    - suggestion: use the your patient representative

Provide to Facility

- Quality Improvement (QI) Plan Template
  - **Due by May 5, 2015**
  - **Then by the 5th of every month if not achieving goal(s)**
- Monthly Reporting Tool
  - Prepopulated with baseline data from Sept 2014-current data
  - Include Interim Goal
  - **Due by the 5th of very month**

Provide to Facility

- RCA using the Pareto principal
  - List of Barriers with total points for each barrier
  - **Due by May 5** with the initial QI Plan

- Monthly Education will be posted on QIRN 4 website at www.qirn4.org
  - Print out monthly education for patients

Sustainability

- Facilities need to sustain continuous improvement

- AVF and LTC rates will be monitored for improvement over the following year; September 2015- September 2016

Questions

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